Bay of Islands-Whangaroa Community Grants Fund Jan-June 2025
Community Board Funding Application Form (Dec 2024)
Application No. BOIWCB018 From Whangaroa Health Services Trust
Form Submitted 25 Mar 2025, 4:31PM NZDT

Before you Begin

Instructions

Please read carefully:

- Read this application in full before you start filling it in. It is easier to complete an application if you have the information you need at your fingertips.
- Please see Section 2 of the Community Grant Policy to ensure you are eligible.
- All applications are to be submitted 20 clear working days prior to the Community Board meeting where the application will be considered. Deadline dates are on the Council's website.
- Incomplete, late or non-complying applications will not be considered.
- Applicants who have failed to complete a Project Report for previous funding granted within the last five years are not eligible for funding.
- If there's anything on this form you're not sure of, please contact the Community Development team at freephone 0800 920 029 or funding@fndc.govt.nz - we're happy to help.

The following *must* be submitted along with this application form:

- Two quotes for purchases where practicable, **or** evidence of expected purchases. If you are unable to provide quotes, a written explanation as to why this is not possible should be provided
- Details of all other funding secured of pending approval for this project (minimum 50%)
- Financial details - this can be a profit and loss statement or simple statement of account
- Programme outline or Business Plan (if applying for operating costs)
- Written permission should be provided for activities taking place on Council land, public roads or private property not owned by the applicant

Applicant Details

*** indicates a required field**

Fund Type

Which fund are you applying for? *

◉ Community Grant Fund ○ Pride of Place Fund

Applicant details

Applicant *

Whangaroa Health Services Trust

[redacted]

[redacted]

What sector do you/your organisation work in? *
Other: Health and Wellbeing

[redacted]

Facebook page
Whangaroa Health Services

Contact details

[redacted]

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Purpose of organisation

Please briefly describe the purpose of the organisation *
Whangaroa Health Services is a Charitable Trust providing services to whanau living in the Whangaroa area through our Age Care facility Kauri Lodge, The Pa Wellness Centre, the community Wellness Team and through projects that respond to the needs of the whanau we serve.
Must be no more than 50 words.

Number of Members *
48

Project Details

*** indicates a required field**

Community Board

Community Board Priorities
If you are applying for funding across more than one ward, you need to make a separate application to each Board.
Each community board has their own priorities. You can view them at Community Board Plans | Far North District Council

Which Community Board are you applying to? *

○ Te Hiku (Northern) Community Board	◉ Bay of Islands-Whangaroa (Eastern) Community Board	○ Kaikohe-Hokianga (Western) Community Board

Project name *
The Pa Wellness Centre refurbish equipment

Type of Activity

What is the main purpose of your activity?
Please refer to the guidance notes for definitions.

If you are holding an event, it is recommended that you also look at the guidance for what permits may be required and the timeframes for applications - information can be found at: What is your event? | Far North District Council (fndc.govt.nz)

If you are proposing building or creating a physical item to go on Council property, or an item become the responsibility of Council, please contact the Funding Advisor before you lodge an application to find out more information on what is needed before an application can be accepted. Your application may be delayed going to the Board while this process is worked through.

Type of Activity *
- ○ Art/Culture/Heritage
- ○ Event
- ○ Infrastructure
- ○ Community
- ○ Environmental
- ◉ Sport and Recreation

Project Dates

Start Date

Date

02/06/2025

Must be a date.

End Date:

Date:

31/12/2025

Must be a date.

Project Details

Location *

Kaeo

Must be no more than 10 words.
(Town or area)

Will there be a charge for the public to attend or participate in the project or event? *
- ○ Yes
- ◉ No

If yes, how much?

Must be a whole dollar amount (no cents).

How many active participants (including volunteers) are taking part? *

220

Must be a number.

How many visitors/audience members/clients do you expect? *

1

Must be a number.

Have you engaged with tangata whenua about your project? *
- ○ Yes
- ◉ No

If yes, please provide evidence of any engagement you have undertaken

Have you engaged with the community about your project? *
◉ Yes
○ No
If yes, please provide evidence of any engagement you have undertaken

Project Outline

Outline your activity and the services/experiences it will provide.

Who will benefit from your project and how? *
The Pa Wellness Centre provides safe environment for whanau of all ages to improve their health and wellbeing through exercise and healthy eating.

220 individuals, including rangitahi from the local College and other community members of all ages are regularly using the facility a month through following personal training programmes or community classes.

The current equipment has either deteriorated to the point it can't be used safely or been thrown out as it was a H&S issue. The funding being requested is to help replace this equipment so it can provide more variety in weekly class structure and individual training programmes.

Must be no more than 150 words.

What Community Outcome(s) does your project meet? *
☐ A wisely managed and treasured environment that recognises the role of tangata whenua as kaitiaki
☐ We embrace and celebrate our unique culture and heritage and value it as a source of enduring pride
☐ Proud, vibrant communities
☐ Prosperous communities supported by a sustainable economy
☑ Communities that are healthy, safe, connected and sustainable
☐ Connected communities that are prepared for the unexpected
At least 1 choice must be selected.

How does your project meet the Community Outcome(s) you have selected above? *
Whangaroa Health Services, through funding from Te Whatu Ora, has provided a free community Wellness Centre for over 8 years to the people of Whangaroa as part of a preventative health initiative.

The Pa Wellness Centre staff provide a number of community activity classes that cater for all levels of fitness as well as one-on-one personal programmes for whanau wanting to improve their health and wellbeing.

The establishment of gardens and delivery of healthy cooking demonstration has resulted in the facility being more than just a venue for exercise. Already a space for the community to connect through classes it is now a space where whanau can access advise on healthy kai, visit a free Physio and get Smokefree support.

The request for replacement of equipment will contribute further to the health and connectiveness of the Whangaroa community.

Must be no more than 250 words.

Project Cost

*** indicates a required field**

- When applying for funding from your community board, the amount requested should generally be less than 50% of the total cost of the project. If you are requesting more than 50% of the total cost of the project, you must speak with the Funding Advisor before submitting your application.
- A minimum of two quotes should be provided for each item funding is requested for. If this is not possible, a letter should be provided with the application explaining why this is not done

Funding Request Amount

Please enter the total cost of your project (the sum of the items you have listed in the Total Cost column above) and the total amount you are requesting from the Board (the sum of the items you have listed in the Amount Requested column above).

What is the total cost of your project? *
$2,521.00
Must be a dollar amount.

What is the amount you are requesting from the Board? *
$2,521.00
Must be a dollar amount.

Completing your budget

Provide a detailed cost estimate for the activity. Funding requested may not exceed 50% of the total cost.

*Total Cost Column - provide the **total** amount of the estimated quoted cost against the appropriate item.*

Amount Requested Column - provide (against the item) the amount you are requesting from the Board. This may be the same amount as shown in the Total Cost Column.

- You need to provide quotes (or evidence of costs) for everything listed in the total costs column
- If your organisation is GST registered, all requested amounts must be GST exclusive.
- Do not enter cents - round the values up or down to the nearest dollar
- Do not use the dollar sign ($), just enter the dollar value

Budget

Expenditure	Total Cost	Amount Requested	Quotes	
	Must be a dollar amount.	Must be a dollar amount.		

Boxing equipment	$1,575.55	$1,575.55	Filename: NZ Boxer quote.pdf File size: 7.5 kB	
Replacement equipment	$945.22	$945.22	Filename: Quote Lee Warehouse .pdf File size: 145.9 kB	
			No files have been uploaded	
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Financial Information

*** indicates a required field**

Financial Information

If your organisation registered for GST *

◉ Yes ○ No

GST Number

GST Number
66-853-144

Current Funding

How much money does your organisation currently have? *
$21,066.00
Must be a dollar amount.

How much of this money is already committed to a specific purpose? *
$21,066.00
Must be a dollar amount.

Tagged Funds

List the purpose and the amounts of money already tagged or committee (if any):

Purpose	Amount
General running costs/wages/	$21,066.00

Total Tagged Funds

Total Expenditure Amount
$21,066.00
This number/amount is calculated.

Other Funding

Please list details of all other funding secured or pending approval for this project (minimum 50%)

Funding Source	Amount	Decision
	Must be a dollar amount.	

Previous Funding from FNDC

Have you previously received funding from FNDC? *
○ Yes ◉ No

Supporting Financial Information

When applying for funding, you need to provide us with a profit and loss statement, an audited financial report or a copy of your bank statement.

1 Name of supporting financial document *
Annual Report 2024

1 Supporting Financial document *

Filename: Annual Return Summary 2024.pdf
File size: 1.4 MB

2 Name of supporting financial document

2 Supporting Financial Document
No files have been uploaded

3 Name of supporting financial document

3 Supporting Financial Document
No files have been uploaded

Applicant Declaration

*** indicates a required field**

Privacy Information

The information you have provided on this form is required so that your application for funding can be processed. Once this application is lodged with the Council it becomes public information and may be made available on the Council's website. I**f there is sensitive information in the proposal of personal details you wish to be withheld, please advise.** These details are collected to inform the general public and community groups about all funding applications which have been submitted to the Far North District Council.

Applicant Declaration

This declaration must be signed by two people from your organisation who are 18 years of age or older with the authority to sign on behalf of the organisation. Signatories cannot be an undischarged bankrupt, cannot be immediately related, cannot be partners, and cannot live at the same address. They must have a daytime contact phone number and be contactable during normal business hours.

We, the undersigned, declare the following:

In submitting this application:

1. We have the authority to commit our organisation to this application and we have been duly authorised by our governing body.

2. We acknowledge and agree that the Far North District Council may disclose or obtain information related to the funding of the organisation from any other government department or agenda, private person, or organisation.

3.We have attached our organisations most recent statement of income and expenditure, annual accounts, or other financial documents that demonstrate its ability to manage a grant.

4. Individuals associated with out organisation will not receive a salary or any other pecuniary gain from the proceeds of any grant money arising from this application.

5. The details given in all sections of this application are true and correct to the best of our knowledge, and reasonable evidence has been provided to support our application.

6. We have the following set of internal controls in place:

- Two signatories to all bank accounts (if applicable)
- a regularly maintained and current cashbook or electronic equivalent
- A person responsible for keeping the financial records of the organisation
- A regularly maintained tax record (if applicable)
- A regularly maintained PAYE record (if applicable)
- The funding and its expenditure shown as sperate entries in the cash book or as a note o the accounts
- Tracking of different funding, e.g through a spreadsheet or journey entry
- regular financial reporting to every full meeting of the governing body

We agree to the following conditions if we are funded by Local Community Grant Funding:

1. To uplift any funding granted within 3 months of the date of the letter of agreement. failure to do so will result in loss of the grant money.
2. To spend the funding within 12 months of the date of grant approval unless written approval for an extension is obtained from Council before that 12 month period ends.
3. To spend the funding only for the purpose(s) approved by the Far North District Council unless written approval for a change of purpose(s) is obtained **an advance** from the Community Board.
4. To return to the Far North District Council any portion of the funding that e do not spend. If our payment includes GST we will return the GST component of the amount to be returned.
5. To acknowledge the receipt of Community Board funds as a separate entry in our accounts, or in a note to our accounts, in our organisation's annual report.
6. To acknowledge any financial contribution from Far North District Council on signage and in any publicity relating to the project. Contact the Funding Team for digital imagery.
7. To make available any files or records that relate to the expenditure of this funding for inspection if requested by the Far North district Council or its auditors.
8. To complete and return a Project Report within **two months** of the end of the project, or, if the activity is ongoing, within two months of the funding being spent. applicants

who fail to provide a project report within this timeframe will not be considered for funding for stand-down period of five years.

9. To inform the Far North District Council of significant changes in our organisation before this application has been considered, or the funding has been fully used and accounted for (such as change in contact details, office holders, financial situation, intention to wind up or cease operations, or any other significant event).
10. To lay a complaint with the Police and notify the far North District Council immediately if any of the funding is stolen or misappropriated.

Signatures

Any other supporting documentation

If you have any other documents you would like us to consider with your application that you have not attached elsewhere in this application, please attach them below. If possible, please attach as pdf documents.

If you have more than three additional supporting information documents, please contact fu nding@fndc.govt.nz

1 Additional Supporting Document Name

1 Additional Supporting Information
No files have been uploaded

2 Additional Supporting Document Name

2 Additional Supporting Information
No files have been uploaded

3 Additional Supporting Document Name

3 Additional Supporting Information
No files have been uploaded